

REFERENCES AND REVIEWS

A LIGATURE INTRODUCER—N. F. Anderson. *Lancet*—Vol. 1:318 (Feb. 11) 1961

This ligature introducer is a thin tube with a spool-carrying drum mounted across one end and a curved, hollow needle on the other. Thread is led out from spool through tube and needle. The instrument has these advantages: (a) The thread is presented at the tip. (b) It is completely enclosed. (c) It passes through a small opening and can make its own tunnel. The length is 15 cm.

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PNEUMONIA CAUSED BY *NOCARDIA ASTEROIDES*: A CASE REPORT—C. F. Gutch. *Nebraska Med.*—Vol. 46:47 (Feb.) 1961

A 64-year-old man is reported who had confluent left upper lobe pneumonitis. Two weeks prior to admission he had had an upper respiratory infection and sore throat. *Nocardia asteroides* was repeatedly identified from sputum culture. There was an excellent response to sulfadiazone treatment as seen both clinically and roentgenologically. The treatment was arbitrarily continued for one year.

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INHERITED "ACQUIRED" HYPOGAMMAGLOBULINEMIA—F. Wollheim. *Lancet*—Vol. 1:316 (Feb. 11) 1961

Two male and five female patients with adult primary hypogammaglobulinemia were studied. They came from three different small geographic areas. One derived from a first-cousin marriage and two proved direct relationship. This disease being very rare, the evidence points strongly

to autosomal recessive inheritance in at least some cases of "acquired" hypogammaglobulinemia.

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HUMAN SERUM INSULIN-LIKE ACTIVITY AS DETERMINED BY A RAT ADIPOSE TISSUE BIO-ASSAY METHOD—P. M. Beigelman. *Diabetes*—Vol. 10:130 (March-April) 1961

Normal human sera were assayed by the method utilizing glucose uptake by adipose tissue. Maximum insulin-like activity appeared to occur 1 to 2 hours postprandial. Considerable individual variation was a notable feature. Decrease of insulin-like activity was demonstrated as a consequence of diluting pooled whole serum.

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INSULIN RESISTANCE WITH HIGH LEVELS OF CIRCULATING INSULIN-LIKE ACTIVITY DEMONSTRABLE IN VITRO AND IN VIVO—J. C. Shipp, R. O. Russell, J. Steinke, M. L. Mitchell, and W. B. Hadley. *Diabetes*—Vol. 10:1 (Jan. Feb.) 1961

An instance of insulin resistance of five months' duration is described, in which the resistance per se was a major factor in producing diabetic coma. This was successfully treated with large amounts (9,000 units) of insulin. The resistant state returned (1,200 units daily). Prednisone was associated with a return of insulin sensitivity. Serum from the patient during the resistant period showed precipitin antibodies, increased insulin binding, and high levels of insulin-like activity by the in vitro adipose tissue assay. Plasma, 101 ml., infused into a nondiabetic patient produced profound hypoglycemia. The time-course of the induced hypoglycemia suggests a slow release of "bound insulin" in the patient's plasma. These observations suggest that the basis for insulin resistance in this instance was an inability in the insulin to reach the cell in a biologically active form at the necessary rate or else a failure of the cell to respond.

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CONTROL OF CARDIAC ACTIVITY BY ISCHEMIA AND HYPOTHERMIA—J. M. McKain and others. *Arch. Surg.*—Vol. 82:511 (April) 1961.


This controlled study was set up to observe and compare the various methods for obtaining control of cardiac activity during surgery. Various cardioplegic agents and ischemia were studied under normothermic and hypothermic conditions. Thirty-six mongrel dogs were divided into two roughly equal groups. One of these groups was made mildly hypothermic—30° C. (86° F.)—by external cooling and the other was operated on at normothermia. The effect of potassium chloride, potassium citrate, and acetylcholine perfused into the coronary system was compared with ischemic arrest in each of these two groups. It was found that the return to normal and effective cardiac activity was most common in the ischemic group. This was true at both normothermic and hypothermic conditions. It was also found that the animals tolerated profound ischemia quite well.

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MEPROBAMATE AND CHLORPROMAZINE IN PSYCHOTHERAPY—M. Lorr and others. *Arch. Gen. Psychiat.*—Vol. 4:381 (April) 1961

Twenty-three Veterans Administration Mental Hygiene Clinics collaborated in a 12-week double-blind study of the effects of two tranquilizers. The sample consisted of 180 newly accepted male psychiatric outpatients. The major hypothesis was that individual psychotherapy with a tranquilizer added would be more effective in reducing anxiety and hostility than psychotherapy alone or psychotherapy with either of two control substances (phenobarbital and placebo). The findings from the viewpoint of the patient, as reflected in 12 measures, were that neither tranquilizer

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used adjunctively had an advantage over either of the control substances or over psychotherapy alone in reducing anxiety and hostility. From the viewpoint of the therapist, variously assessed, anxiety was equally reduced in all groups, although verbalized hostility was increased in all active drug groups. Discontinuance of the drugs resulted in no adverse effects.

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RELIEF OF PAIN BY COOLING OF THE SKIN—M. Ellis. Brit. Med. J.—Vol. 1:250 (Jan. 28) 1961

Nine years' experience in the casualty department of the General Infirmary at Leeds with the ethyl chloride spray for the treatment of acute pain in many conditions is described. These painful conditions included lumbago, acute wryneck, fibrositis, renal colic, dysmenorrhea, and fractured rib. A theory is put forward to account for the many striking successes achieved and also for the failure in some cases. The technical points necessary for success are discussed. A new fluoromethane product, which is non-toxic and nonflammable and gives the same results as ethyl chloride, is described.

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ENDOCARDITIS COMPLICATING OPEN HEART SURGERY—J. W. Lord, A. M. Imparato, A. Hackel and E. F. Doyle. Circulation—Vol. 23 (April) 1961

Endocarditis occurred in 18 of 2,585 cases of open heart surgery. The predominant organism was *Staphylococcus*. Contaminated heart-lung machines, septic thrombophlebitis, and contaminated blood were causative in some. The higher incidence occurred where preoperative prophylactic antibiotics were given. All patients received prophylactic anti-

biotics postoperatively. Early diagnosis depends upon immediate, repeated, postoperative blood cultures. Therapy should be intensive and prolonged; it may require reoperation for removal of infected intracardiac sutures or prostheses. Two cases are reported to illustrate the problems encountered.

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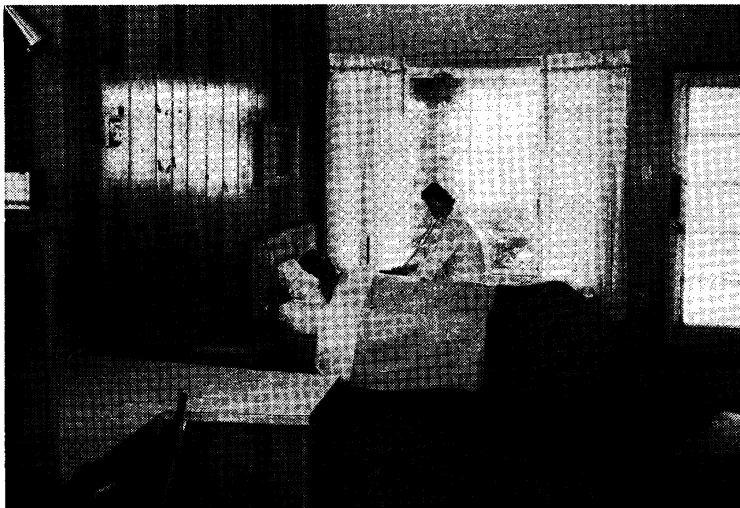
CONGENITAL FIBROSIS OF LIVER AS A FAMILIAL DEFECT—W. P. Sweetnam and C. G. W. Sykes. Lancet—Vol. 1:374 (Feb. 18) 1961

Congenital fibrosis of the liver is probably the primary anomaly in cystic disease of the liver. It may be associated with cystic disease of the kidneys and the pancreas. The syndrome is described in three siblings. One presented in renal failure; necropsy showed hepatic fibrosis and congenital cystic kidneys. The other two presented with hematemesis. The diagnosis was confirmed by liver biopsy and percutaneous transsplenoportal venography. Both had portacaval anastomosis, and they remain well six and seven years later. One has cystic kidneys. Congenital hepatic fibrosis may be genetically determined and is probably dominant.

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NEW STANDARDS FOR ESTIMATING BONE DENSITY—W. Koch and D. Kaplan. Lancet—Vol. 1:377 (Feb. 18) 1961

The new standards are of bone contained in open-ended tubes of stainless steel (which is opaque to x-rays). The mineral content of the bone is estimated in grams of apatite per square centimeter of the shadow cast. The standards are photographed together with the living bone, the steel tubes indicating the correct position of the standards. The apatite content of the living bone is estimated by comparing it with the densities of the standards, the apatite content of which is known.



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